MAXIMUS Federal Services

Case Number:	CM14-0000439		
Date Assigned:	01/17/2014	Date of Injury:	04/09/1999
Decision Date:	06/06/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine has a subspecialty in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April, 9, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; extensive amounts of chiropractic manipulative therapy over the life of the claim; opioid therapy; initial return to work; and subsequent cessation of work. It appears, however, that the applicant has been laid off from his former employment as opposed to his being placed off of work from the standpoint of the above-captioned Workers' Compensation claim. In a utilization review report dated December 24, 2013, the claims administrator partially certified request for 12 sessions of chiropractic manipulative therapy as four sessions of chiropractic manipulative therapy in the event of flares of low back pain. The applicant's attorney subsequently appealed. In a progress note dated December 10, 2013, the applicant was described as having waxing and waning symptoms with activity. The applicant was reportedly exercising six days a week, which he felt allowed him to continue functioning. The applicant reportedly had legal sediment which stipulated that he be furnished with 12 chiropractic visits every six months. The applicant was using Norco and Motrin. It was stated that both the medications were beneficial. The applicant is asked to obtain laboratory testing and was given refills of Norco and Motrin. The applicant was reportedly discharged from his former role as a security guard, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CHIROPRACTIC CARE TWELVE (12) VISITS IN SIX (6) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Topic Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are recommended in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. In this case, then, the 12-session course of treatment proposed here represents treatment six times that recommended in the MTUS. No rationale for a variant this far in excess with the MTUS parameters was proffered by the attending provider, from a medical perspective. Therefore, the request for 12 sessions of Chiropractic Manipulative Therapy is not medically necessary.